☐ RETURN TO COURT ☐ FOR CASE FILE



Department of the Treasury Federal Law Enforcement Agencies

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA					COURT CASE NUMBER CR-05-10004-PBS			
DEFENDANT Oleksiy Sharapka (Defendant)			I `	TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE				
SERVE	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Christie M. Charles							
AT	Address (Street or RFD / Apt. # / City, State, and Zip Code) George F. Gormley, P.C., 755 East Broadway, 3rd Floor, South Boston, MA 02127							
Send NOTICE OF SERVICE copy to Requester KRISTINA E. BARCLAY					Number Of Process To Be Served In This Case.			
ASSISTANT U.S. ATTORNEY OFFICE OF THE UNITED STATES ATTORNEY John Joseph Moakley Federal Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210					Number Of Partie Served in This Ca			
					Check Box If Serv			
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-referenced individual via certified mail, return receipt requested. CATS ID 05-USS-000237, 05-USS-000238,05-USS-000239, 05-USS-000240, 05-USS-000241, 05-USS-000242, AND 05-USS-00024								
Signature of Attorney or other Originator regulating service on behalf of Kristina E. Bargiay, Assistant U.S. Attorney					X]Plaintiff]Defendant	Telephone No (617) 748-3100	Date Aug 3, 2006	
SIGNATURE OF PERSON ACCEPTING PROCESS: ALLE ALLA X KENCEN-							Date 8/8/06	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY								
l acknowledge Total # of Pro	receipt for the cess Indicated	District of Origin No	District to Serve	SIGNAT	URE OF AUTHORIZ ' OFFICER:	ZED TREASURY	Date	
I hereby Certify and Return That I [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below								
I I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.								
NAME & TITLE of Individual Served If not shown above.				A Person of suitable age and discretion then residing in the defendant's usual place of abode.				
ADDRESS: (Complete only if different than shown above.)				Date of	Service 5 do	Time of Service	[] AM [] PM	
					Signature, Title and Treasury Agency AM Calcul Modes USS			
REMARKS: Stille # 102-06-00.								
TD F 90-22,48 (6/96)								

☐ LEAVE AT PLACE OF SERVICE

☐ FILE COPY